



POLK SCHOOL DISTRICT



**Polk School District
Benefit Enrollment Guide
January 1, 2022 – December 31, 2022**



Welcome to your new Benefits Enrollment Guide. This guide is your summary of the benefit options that are available to eligible employees of the Polk School District. Each benefit is designed to protect your health and well-being as well as provide valuable financial protection.

Each section of the Benefits Enrollment Guide is structured to provide you with plan highlights as well as detailed, descriptive instructions to assist you in navigating through the web-based enrollment portal.

While the Benefits Enrollment Guide is an important component in the benefit communication process, your dedicated NFP service team continues to provide annual enrollment meetings in addition to being available for questions and concerns regarding benefits throughout the plan year.

Please review the plans contained in the Benefits Enrollment Guide and see how these plans can work for you and your eligible dependents. Your participation in the plans is voluntary. The benefit plans have been chosen to provide a continuation of protection that complements the Polk School District's leave policies and retirement plans. The plan year is in effective from January 1, 2022, through December 31, 2022.

This Benefits Enrollment Guide is intended for orientation purposes only. It is an abbreviated overview of the plan documents. Please refer to the Certificate Booklet (the contract) available from the plan carriers for complete details. Your Certificate Booklet will provide detailed information regarding copayments, coinsurance, deductibles, exclusions and other benefits. The certificate booklet will govern should a conflict arise relating to the information contained in this summary. This summary does not establish eligibility to participate in or receive benefits from any benefit plan.

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This guide describes the benefit plans available to you as an eligible employee of Polk School District. The details of these plans are contained in the official Plan Documents, including some insurance contracts. This guide is meant only to cover the major points of each plan. It does not contain all of the details that are included in your Summary Plan Descriptions (SPD) (as described by the Employee Retirement Income Security Act).

If there is ever a question about one of these plans, or if there is a conflict between the information in this guide and the formal language of the Plan Documents, the formal wording in the Plan Documents will govern.

Please note the benefits described in this guide may be changed at any time and do not represent a contractual obligation on the part of Polk School District or NFP.

New for 2022

- The Dental plan is remaining with MetLife. There will be a slight increase in premium.
- The Vision plan is remaining with Superior Vision.
- The Basic Life and Voluntary Life will remain with UNUM.
- The Short Term and Long Term Disability will remain with UNUM.
- If you wish to continue the Flexible Spending Accounts for the Medical or Dependent Day Care you must enroll in these benefits each year. These elections do not roll over from year to year. The maximum contribution is \$2,400 for the Medical FSA. **If you are currently enrolled in FSA for 2021 and do not participate in FSA for 2022, you will have 1 year to use any rollover funds in your account.**
- The NFP Advantage (telemedicine) will remain with NewBenefits.
- **Employees will have the opportunity to elect Hospital Indemnity with UNUM for 2022.**
- **For Employees electing Critical Illness, the minimum election amount increased from \$5,000 to \$10,000 for 1/1/2022.**
 - *25% of elected Critical Illness amount is available to employees that are hospitalized for 14 consecutive days due to infectious disease (COVID is classified as an infectious disease)*

Benefits Resource Center

Visit <https://shawhankinsbenefits.net/polk/> for more information on your benefits. This Resource Center includes detailed information on all your benefits (including the State Health Benefit Plan), forms for sending claims in directly to the carrier, and other important information. It is also the place where you can access the bswift enrollment system during Open Enrollment or when you have a qualifying Life Status Change as described below.

Eligibility

Active Full Time Employees of Polk School District

Eligible dependents are classified as:

- Your legal spouse who resides in the United States
- Biological, Step or Foster child(ren) are covered up to age 26
- Basic dependent life will coverage children to age 19, or 26 if full time students.

Making Changes to Your Benefits Elections

To make benefit changes as a result of a Life Status Change or Family Status Change as allowed under Section 125 of the Internal Revenue Code, you must:

- 1) Notify Human Resources or NFP within 30 days of the date of the qualifying event.
- 2) Provide proof of your status change event.
- 3) Submit the documentation regarding the event.

The Most Common Status Changes:

- Marriage, divorce, legal separation
- Birth or adoption
- Change in your or your spouse's work status that affects your benefits or an eligible dependent's benefits
- Change in health coverage due to your spouse's annual Open Enrollment period
- Change in dependent eligibility status
- Change in eligibility for you or a dependent for Medicaid or Medicare
- Receipt of a Qualified Medical Child Support Order, or other court order
- Death of your spouse or covered child

Before You Enroll – Things to Know

You are REQUIRED to **provide the following information and documentation** for all dependents/beneficiaries:

- Name
- Date of birth
- Social Security number

HOW TO ENROLL

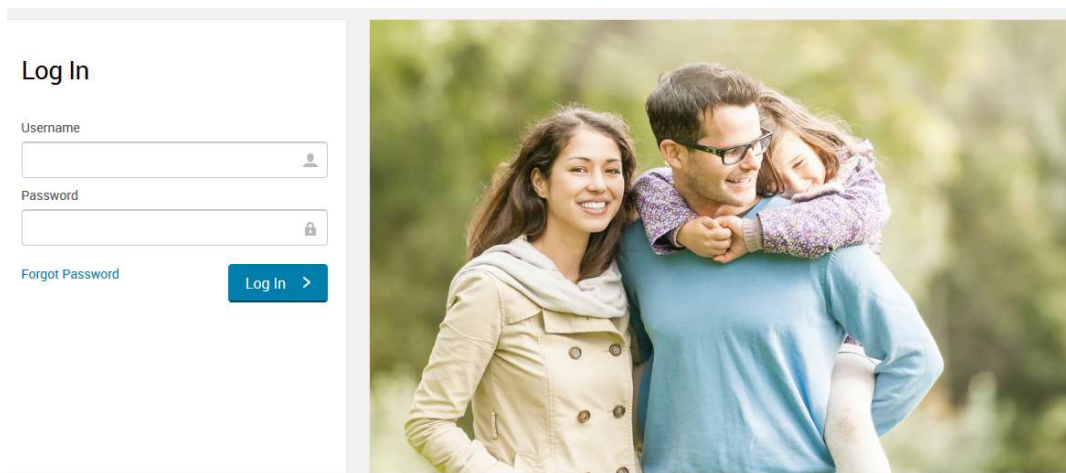
Go to www.polkschooldistrict.bswift.com.

At this time, make sure to disable your pop-up blocker.

At the enrollment website enter your Username and Password.

- Username is the first letter of your first name, your last name, and last 4 digits of your Social Security number (ex. jdoe4567).
- Password is the last 4 digits of your Social Security number (ex. 4567).

You will then be prompted to create a permanent password.



- Please go online and make your elections during the Open Enrollment or New Hire Orientation Deadline by the deadline provided.
- Please contact NFP at 800-994-7429 to speak with a benefit consultant if you need assistance with your enrollment.
- For additional enrollment and benefit information, please visit the Benefits Resource Center at <https://shawhankinsbenefits.net/polk/>.

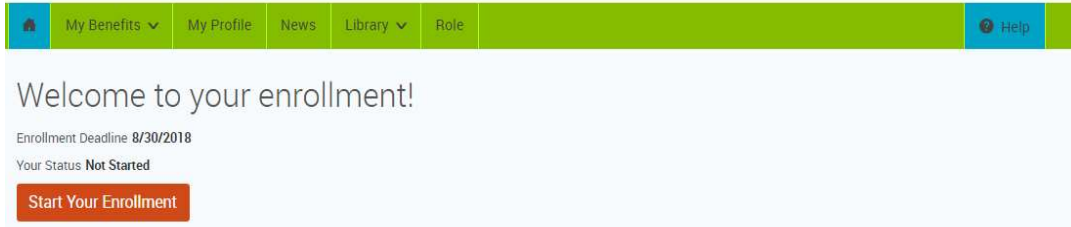
Failure to enroll within the enrollment time period will result in the forfeiture of your eligibility for enrollment until the next annual enrollment period unless you experience an eligible qualifying event.

OPEN ENROLLMENT FOR 1/1/2022 BENEFITS IS OCTOBER 18, 2021 THROUGH NOVEMBER 5, 2021.

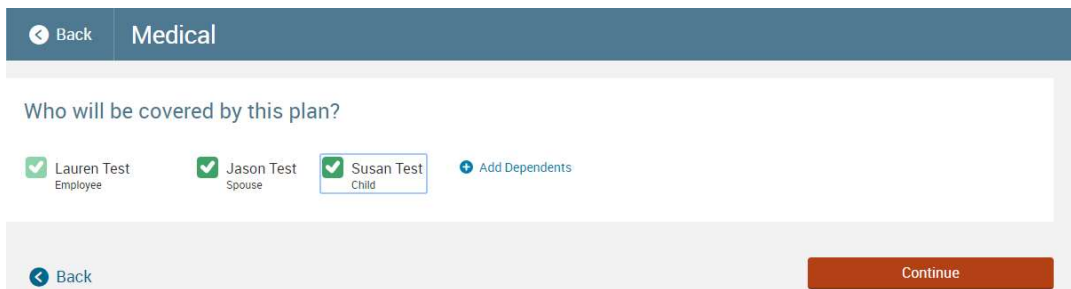
How To Enroll

To Begin:

- 1) From the “Home Page” click on the “Enroll Now” link, to begin the election process.
- 2) On the “Personal & Family Page”, verify your information is accurate and “Add” all eligible dependents you wish to cover under any benefits.



- 3) To make a plan selection, select the button beside the newly elected plan. If you are covering dependents, make sure to “Select” them by checking off next to their name under “Select who to cover with this plan.” Then press “Next” at the bottom of the screen.



- 4) Once you have reviewed and completed your enrollment, click on “I Agree and I am finished with my enrollment”, then click on “Save My Enrollment”.

Once You've Reviewed All Your Selections:

Participation

I hereby acknowledge I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge. I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk. I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s). If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment.

- 5) You will now be taken to the final confirmation page to either print or email a copy of the enrollment information for your records.

Note: The enrollment images within this guide are for illustrative purposes only.

Low Dental Plan

This benefit is provided by MetLife. To locate a provider in the network, login to www.metlife.com/mybenefits.

Benefits	In-Network Negotiated Fee	Out of Network R&C Fee
Type A - Preventive: Oral Examinations (2 in a year) Full Mouth X-rays (1 in 5 years) Bitewing X-rays (1 in a year) Prophylaxis-Cleanings (2 in a year) Topical Fluoride Applications (1 in a year - Children to age 19) Sealants (1 in 60 months - Children to age 17) Space Maintainers (1 per lifetime per tooth area - Children to age 14)	100%	100% R&C
Type B - Basic: Amalgam and Composite Fillings (1 in 24 months) Oral Surgery (Simple and Surgical Extractions) Other Oral Surgery Emergency Palliative Treatment General Anesthesia	80%	80% R&C
Type C - Major:	Not Covered	Not Covered
Class D - Orthodontia:	Not Covered	Not Covered
Deductible Amount Per Calendar Year (Deductible applies to all benefits except Diagnostic & Preventive Services)	\$75 Per Individual/ \$225 Per Family Waived for Type 1	\$75 Per Individual/ \$225 Per Family Waived for Type 1
Dental Annual Maximum Benefit Per Enrollee	\$1,000	\$1,000
Orthodontia Lifetime Maximum: per individual	N/A	N/A
Tier of Coverage	Monthly Cost	
Employee Only	\$21.94	
Employee and Family	\$70.17	

Children may be covered up to age 26.

Dental High Plan

Benefits	In Network Negotiated Rate	Out of Network R&C
<u>Type A - Preventive:</u>		
Oral Examinations (2 in a year)		
Full Mouth X-rays (1 in 5 years)		
Bitewing X-rays (Adult/Child) (1 in a year)		
Prophylaxis-Cleanings (2 in a year)	100%	100% R&C
Topical Fluoride Applications (1 in a year – Children to age 19)		
Sealants (1 in 60 months – Children to age 17)		
Space Maintainers (1 per lifetime per tooth area-Children up to age 14)		
<u>Type B - Basic:</u>		
Amalgam and Composite Fillings (1 in 24 months)		
Oral Surgery (Simple and Surgical Extractions)	80%	80% R&C
Other Oral Surgery		
Emergency Palliative Treatment		
General Anesthesia		
<u>Type C - Major:</u>		
Crowns/Inlays/Onlays (1 per tooth in 10 years)		
Prefabricated Crowns (1 per tooth in 10 years)		
Repairs (1 in 24 months)		
Endodontics Root Canal (1 per tooth per lifetime)		
Periodontal Surgery (1 in 36 months per quadrant)		
Periodontal Scaling & Root Planning (1 in 24 months per quadrant)	50%	50% R&C
Periodontal Maintenance (2 in 1 year, includes 2 cleanings)		
Bridges (1 in 10 years)		
Dentures (1 in 10 years)		
Consultations (1 in 12 months)		
Implant Services (1 service per tooth in 10 years -1 repair per 10 years)		
Type D - Adult and Child Orthodontia:	50%	50% R&C
Deductible Amount Per Calendar Year <i>(Deductible applies to all benefits except Diagnostic & Preventive Services or Orthodontic Services)</i>	\$75 Per Individual/ \$225 Per Family Waived for Type 1	\$75 Per Individual/ \$225 Per Family Waived for Type 1
Dental Annual Maximum Benefit Per Enrollee	\$1,250 per calendar year	\$1,250 per calendar year
Orthodontia Lifetime Maximum: per individual	\$1,500	\$1,500
Tier of Coverage		Monthly
Employee	\$35.56	
Employee and Family	\$117.75	

Children may be covered up to age 26.

Negotiated Fee refers to the fees that participating dentists have agreed to accept as payment in full, subject to any copayments, deductibles, cost sharing and benefit maximums. Negotiated Fees are subject to change.

R & C refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the usual charge of most dentists in the same geographical area for the same or similar services as determined by MetLife.

MyBenefits

Once you're enrolled you may take advantage of online self-service capabilities with MyBenefits.

- Check the status of your claims
- Locate a participating dentist
- Access MetLife's Oral Health Library
- Elect to view your Explanation of Benefits (EOB) online

To register, just go to www.metlife.com/mybenefits and follow the easy registration instructions.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.



Vision Plan

This benefit is provided by Superior Vision. Please contact Customer Service at 800-507-3800 or visit www.superiorvision.com. The network is **Superior National** network.

Benefit	In-Network	Out-of-Network	Frequency
Vision Exam	\$10 Copayment	Up to \$37	Once every 12 months
Contact Lenses (in lieu of frame and spectacle lenses)	\$30 Copayment		
Contact Lens Fitting			
Standard	\$30 Copayment	Not Covered	Once every 12 months
Specialty	\$50 retail allowance	Not Covered	
Conventional	\$100 retail allowance	Up to \$80 retail	
Lenses (standard) per pair			
Single Vision	Covered in Full after \$25 copayment	Up to \$29 retail	Once every 12 months
Bifocal	Covered in Full after \$25 copayment	Up to \$42 retail	
Trifocal	Covered in Full after \$25 copayment	Up to \$57 retail	
Frames	\$130 retail allowance (including Wal-Mart)	Up to \$62 maximum amount	Once every 12 months

This plan covers either contact lenses or lenses for your glasses once every 12 months.

Additional Discounts and Features:

- Member pays difference between progressive and standard lined trifocal, plus applicable co-pay.
- Lens Options, Non-Covered Items and Additional Purchases are discounted up to 20% off retail

Refractive Surgery - Superior Vision has a nationwide network of refractive surgeons and leading LASIK networks who offer members a discount. These discounts range from 10% - 50% off retail cost and are the best possible discounts available to Superior Vision. Discounts are determined at the time of purchase and will be amount paid to provider. No additional reimbursement is available after purchase. Discounts are subject to change without notice.

Member may elect contact lenses or lenses for your glasses every 12 months but not both.

Tier of Coverage	Monthly Cost
Employee Only	\$5.93
Employee and Family	\$15.11

Children may be covered up to age 26.

Vision Providers

Popham Eyecare
Address: 206 Main Street
Cedartown, GA 30125
Phone Number: 770-748-2443

Wal-Mart Vision Center #0727
Address: 1585 Rome Hwy
Cedartown, GA 30125
Phone Number: 770-748-7406

Wal-Mart Vision Center
404 US Hwy 27 Bypass
Bremen, GA 30110
Phone Number: 770-537-6386

Wal-Mart Vision Center #4409
Address: 1801 Nathan Dean Bypass
Rockmart, GA 30153
Phone Number: 678-685-5003

Caleb Landrum LLC
530 Hunter St.
Rockmart, GA 30153
Phone Number: 770-684-5650

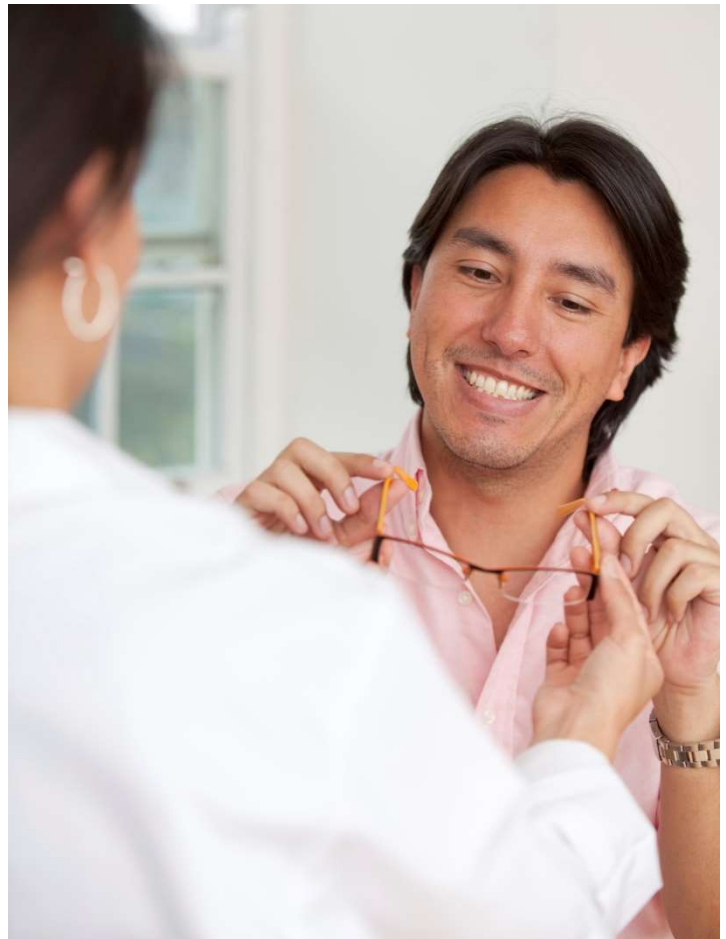
Wal-Mart Vision Center #5151
Address: 825 Cartersville Highway SE
Rome, GA 30161
Phone Number: 706-292-0155

Lee Cardwell OD next to Walmart #0658
Address: 2510 Redmond Circle
Rome, GA 30165
Phone Number: 706-236-9595

20/20 Vision Works
421 E 2nd Avenue
Rome, GA 30161
Phone Number: 706-378-3000

Eye Care Alabama
801 Memorial Drive
Piedmont, AL 36272
Phone Number: 256-447-6413

NOTE: This is a sample listing of the closest vision providers to Cedartown. Please check online at www.superiorvision.com or call 800-507-3800 for additional provider information.



Basic and Voluntary Life Insurance

This benefit is provided through UNUM.

Term Life Insurance provides valuable financial protection for your family. Polk School District is pleased to provide Basic Life and Accidental Death and Dismemberment (AD&D) coverage in the amounts of \$20,000 for Administrators, \$10,000 for Teachers/Clerical, and \$5,000 for All Other Employees. Please name a beneficiary for this coverage.

You are also eligible to elect Basic Dependent Life Coverage for your Spouse and/or Child(ren) (19, or to age 26 if a full-time student) in the amount of \$1,000 at a rate of .59 per month.

VOLUNTARY TERM LIFE INSURANCE

Voluntary Term Life and Accidental Death and Dismemberment (AD&D) Insurance is offered by Polk School District through UNUM.

This enrollment period is an annual opportunity to increase coverage or elect life insurance if you do not already have the coverage. Your premium will be based on the coverage amount you elect and your age. Premiums will be paid through the convenience of payroll deduction.

If you are currently enrolled in the voluntary term life with UNUM, your coverage will automatically rollover unless you change the coverage online.

Benefit	Coverage
Employee Voluntary Life	<p>You can purchase coverage in increments of \$10,000 up to the lesser of \$500,000 or 5-times Annual Salary. Employee Voluntary Life age is the age you are as of 1/1/2022.</p> <p>New Hires: You will have a guarantee issue amount of \$200,000 .</p> <p>Current Employees: If you are currently enrolled with minimum coverage of \$10,000, you will be allowed to increase to the Guarantee Issue amount of \$200,000 or 5 times your annual salary with no health questions.</p>
Spouse Voluntary Life	<p>You can purchase coverage in increments of \$5,000 up to a maximum of 100% of employee election or \$250,000. Spouse Life age is the age of the spouse as of 1/1/2022.</p> <p>New Hires: Spouse elections over \$25,000 will require Evidence of Insurability.</p> <p>Current Employees: If you are currently enrolled with minimum coverage of \$5,000, you will be allowed to increase coverage to the Guarantee Issue amount of \$25,000, not to exceed 100% of the Employee Voluntary Life</p>
Child(ren) Voluntary Life	<p>You can purchase coverage in increments of \$5,000 up to a maximum of \$10,000. The benefit amount for child(ren) from live birth to 6 months of age is \$1,000. Child(ren) are coverage to age 26 regardless of student status.</p>

Basic and Voluntary Life Insurance Continued

Accelerated Benefit Option allows you up to 75% of your life insurance coverage in the case of a terminal illness.

Waiver of Premium: If you become disabled (as defined by your plan) and are no longer able to work, your premium payments will be waived during the period of disability.

Portability: You may be eligible to take coverage with you at groups rates in the event that you terminate employment.

Late Entrant: You will be considered a Late Entrant if you do not elect minimum coverage when initially eligible. If you later elect coverage, you will be required to complete an Evidence of Insurability (EOI) form that is satisfactory to the insurance carrier before the coverage can become effective.

Evidence of Insurability (EOI): Evidence of Insurability is a request to verify good health and is often in the form of a questionnaire. This is required when you are requesting insurance that is over the guarantee issue amount or if you are enrolling after your initial enrollment.

Guarantee Issue: Guarantee Issue is the amount of life insurance that you can elect without having to provide evidence of insurability. The guaranteed issue period is 31 days from the date you first became eligible for the plan from your date of hire. If you choose not to enroll when you are first eligible and enroll at a later date, the entire amount of insurance will be subject to evidence of insurability.



Voluntary Life Insurance Rates

Age	Employee Rate per \$1,000	Age	Spouse Rate per \$1,000
<25	0.057	<25	0.065
25 – 29	0.057	25 – 29	0.065
30 – 34	0.058	30 – 34	0.066
35 – 39	0.077	35 – 39	0.069
40 – 44	0.108	40 – 44	0.122
45 – 49	0.163	45 – 49	0.185
50 – 54	0.249	50 – 54	0.283
55 – 59	0.400	55 – 59	0.470
60 – 64	0.532	60 – 64	0.710
65 – 69	0.904	65 – 69	1.206
70 – 74	1.606	70 – 74	2.143
75 +	6.091	75 +	8.125
Dependent Child Rate			
	\$5,000		0.75
	\$10,000		1.50
Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have.			
AD&D Coverage Rate per \$1,000			
	Employee: 0.031		Spouse: 0.031
			Children: 0.075

Children may be covered up to age 26.

Steps to Calculate Voluntary Life Insurance Premium Per Paycheck

Step 1: Amount of Voluntary Life Insurance	_____
Step 2: Divide amount of Voluntary Life insurance in Step 1 by \$1,000	_____
Step 3: Enter your rate from table on page 14	_____
Step 4: Multiply Step 2 by Step 3	_____

Short Term Disability

This benefit is provided by UNUM.

Polk School District provides you with the option to select Short Term Disability income benefits through convenient payroll deductions. Short Term Disability provides you with a portion of your weekly income if you are unable to work or have a reduced income due to an illness or injury unrelated to your occupation.

Benefits	7/7	14/14	30/30
Benefit Percentage	60%	60%	60%
Maximum Weekly Benefit	\$50 increments up to \$1,250	\$50 increments up to \$1,250	\$50 increments up to \$1,250
Elimination Period	7 Days Accident 7 days Sickness	14 days Accident 14 days Sickness	30 days Accident 30 days Sickness
Duration of Benefits	12 weeks	12 weeks	12 weeks
Pre-Existing Condition Limitation	3/12	3/12	3/12

Rate per \$10 of Weekly Benefit Age	7/7	14/14	30/30
<25	\$1.340	\$1.160	\$0.690
25-29	\$1.430	\$1.320	\$0.860
30-34	\$1.220	\$1.080	\$0.660
35-39	\$0.920	\$0.840	\$0.560
40-44	\$0.920	\$0.750	\$0.510
45-49	\$0.810	\$0.690	\$0.530
50-54	\$1.010	\$0.840	\$0.660
55-59	\$1.340	\$1.080	\$0.810
60-64	\$1.650	\$1.290	\$0.980
65-69	\$1.760	\$1.460	\$1.020

Late Entrant – If you apply more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Definition of Disability – You are disabled when Unum determines that:

- you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury; and
- you have a 20% or more loss in weekly earnings due to the same sickness or injury.

You must be under the regular care of a physician in order to be considered disabled.

Elimination Period – The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. If your disability is the result of an injury that occurs while you are covered under the plan, your Elimination Period is a choice of 7 days, 14 days, or 30 days.

If your disability is due to a sickness, your Elimination Period is a choice of 7 days, 14 days, or 30 days.

Pre-Existing Condition Exclusion – You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage or an increase in your coverage amount or decrease in your elimination period; and
- the disability begins in the 12 months after your effective date of coverage or after your coverage increased or your elimination period decreased

Weekly Benefit Amount – If you meet the definition of disability, you would be eligible to receive a weekly benefits if you are disabled equal to 60% of your weekly earnings, to a maximum of \$1,250 per week.

Your disability benefit may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to received under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or associate disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Short Term Disability Rates

Polk County Select Voluntary STD (7/7)										
Sample Benefit Selection	Cost per Month									
	< 25	25 - 29	30 -34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
\$100	\$13.40	\$14.30	\$12.20	\$9.20	\$9.20	\$8.10	\$10.10	\$13.40	\$16.50	\$17.60
\$200	\$26.80	\$28.60	\$24.40	\$18.40	\$18.40	\$16.20	\$20.20	\$26.80	\$33.00	\$35.20
\$300	\$40.20	\$42.90	\$36.60	\$27.60	\$27.60	\$24.30	\$30.30	\$40.20	\$49.50	\$52.80
\$400	\$53.60	\$57.20	\$48.80	\$36.80	\$36.80	\$32.40	\$40.40	\$53.60	\$66.00	\$70.40
\$500	\$67.00	\$71.50	\$61.00	\$46.00	\$46.00	\$40.50	\$50.50	\$67.00	\$82.50	\$88.00
\$600	\$80.40	\$85.80	\$73.20	\$55.20	\$55.20	\$48.60	\$60.60	\$80.40	\$99.00	\$105.60
\$700	\$93.80	\$100.10	\$85.40	\$64.40	\$64.40	\$56.70	\$70.70	\$93.80	\$115.50	\$123.20
\$800	\$107.20	\$114.40	\$97.60	\$73.60	\$73.60	\$64.80	\$80.80	\$107.20	\$132.00	\$140.80
\$900	\$120.60	\$128.70	\$109.80	\$82.80	\$82.80	\$72.90	\$90.90	\$120.60	\$148.50	\$158.40
\$1,000	\$134.00	\$143.00	\$122.00	\$92.00	\$92.00	\$81.00	\$101.00	\$134.00	\$165.00	\$176.00
\$1,100	\$147.40	\$157.30	\$134.20	\$101.20	\$101.20	\$89.10	\$111.10	\$147.40	\$181.50	\$193.60
\$1,200	\$160.80	\$171.60	\$146.40	\$110.40	\$110.40	\$97.20	\$121.20	\$160.80	\$198.00	\$211.20
\$1,250	\$167.50	\$178.75	\$152.50	\$115.00	\$115.00	\$101.25	\$126.25	\$167.50	\$206.25	\$220.00
Polk County Select Voluntary STD (14/14)										
Sample Benefit Selection	Cost per Month									
	< 25	25 - 29	30 -34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
\$100	\$11.60	\$13.20	\$10.80	\$8.40	\$7.50	\$6.90	\$8.40	\$10.80	\$12.90	\$14.60
\$200	\$23.20	\$26.40	\$21.60	\$16.80	\$15.00	\$13.80	\$16.80	\$21.60	\$25.80	\$29.20
\$300	\$34.80	\$39.60	\$32.40	\$25.20	\$22.50	\$20.70	\$25.20	\$32.40	\$38.70	\$43.80
\$400	\$46.40	\$52.80	\$43.20	\$33.60	\$30.00	\$27.60	\$33.60	\$43.20	\$51.60	\$58.40
\$500	\$58.00	\$66.00	\$54.00	\$42.00	\$37.50	\$34.50	\$42.00	\$54.00	\$64.50	\$73.00
\$600	\$69.60	\$79.20	\$64.80	\$50.40	\$45.00	\$41.40	\$50.40	\$64.80	\$77.40	\$87.60
\$700	\$81.20	\$92.40	\$75.60	\$58.80	\$52.50	\$48.30	\$58.80	\$75.60	\$90.30	\$102.20
\$800	\$92.80	\$105.60	\$86.40	\$67.20	\$60.00	\$55.20	\$67.20	\$86.40	\$103.20	\$116.80
\$900	\$104.40	\$118.80	\$97.20	\$75.60	\$67.50	\$62.10	\$75.60	\$97.20	\$116.10	\$131.40
\$1,000	\$116.00	\$132.00	\$108.00	\$84.00	\$75.00	\$69.00	\$84.00	\$108.00	\$129.00	\$146.00
\$1,100	\$127.60	\$145.20	\$118.80	\$92.40	\$82.50	\$75.90	\$92.40	\$118.80	\$141.90	\$160.60
\$1,200	\$139.20	\$158.40	\$129.60	\$100.80	\$90.00	\$82.80	\$100.80	\$129.60	\$154.80	\$175.20
\$1,250	\$145.00	\$165.00	\$135.00	\$105.00	\$93.75	\$86.25	\$105.00	\$135.00	\$161.25	\$182.50
Polk County Select Voluntary STD (30/30)										
Sample Benefit Selection	Cost per Month									
	< 25	25 - 29	30 -34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 +
\$100	\$6.90	\$8.60	\$6.60	\$5.60	\$5.10	\$5.30	\$6.60	\$8.10	\$9.80	\$10.20
\$200	\$13.80	\$17.20	\$13.20	\$11.20	\$10.20	\$10.60	\$13.20	\$16.20	\$19.60	\$20.40
\$300	\$20.70	\$25.80	\$19.80	\$16.80	\$15.30	\$15.90	\$19.80	\$24.30	\$29.40	\$30.60
\$400	\$27.60	\$34.40	\$26.40	\$22.40	\$20.40	\$21.20	\$26.40	\$32.40	\$39.20	\$40.80
\$500	\$34.50	\$43.00	\$33.00	\$28.00	\$25.50	\$26.50	\$33.00	\$40.50	\$49.00	\$51.00
\$600	\$41.40	\$51.60	\$39.60	\$33.60	\$30.60	\$31.80	\$39.60	\$48.60	\$58.80	\$61.20
\$700	\$48.30	\$60.20	\$46.20	\$39.20	\$35.70	\$37.10	\$46.20	\$56.70	\$68.60	\$71.40
\$800	\$55.20	\$68.80	\$52.80	\$44.80	\$40.80	\$42.40	\$52.80	\$64.80	\$78.40	\$81.60
\$900	\$62.10	\$77.40	\$59.40	\$50.40	\$45.90	\$47.70	\$59.40	\$72.90	\$88.20	\$91.80
\$1,000	\$69.00	\$86.00	\$66.00	\$56.00	\$51.00	\$53.00	\$66.00	\$81.00	\$98.00	\$102.00
\$1,100	\$75.90	\$94.60	\$72.60	\$61.60	\$56.10	\$58.30	\$72.60	\$89.10	\$107.80	\$112.20
\$1,200	\$82.80	\$103.20	\$79.20	\$67.20	\$61.20	\$63.60	\$79.20	\$97.20	\$117.60	\$122.40
\$1,250	\$86.25	\$107.50	\$82.50	\$70.00	\$63.75	\$66.25	\$82.50	\$101.25	\$122.50	\$127.50

Long Term Disability

Polk School District provides you with the opportunity to elect Long Term Disability (LTD) income benefits through convenient payroll deductions. Long Term Disability (LTD) insurance is another valuable benefit that protects your financial well-being in the event you are unable to work for more than 90 days due to a sickness or injury. Short Term Disability and Long-Term Disability insurance, when combined, provide seamless protection against the financial consequences of a disability.

Guarantee Issue – If you apply for coverage more than 31 days after your eligibility date, your coverage will be medically underwritten, and you will be required to qualify based on information you provide on your overall medical health including routine, planned, unplanned or ongoing medical care or consultation. This review may result in a declination of coverage.

Benefit Amount – A monthly LTD Benefit of \$200 to \$5,000 is available in \$100 increments up to a maximum of 60% of your monthly earnings. (Please see the chart on the next page.)

The total benefit payable to you on a monthly basis (including all benefits provided under this plan) will not exceed 100% of your monthly earnings, unless the excess amount is payable as a Cost of Living Adjustment. Your disability benefits may be reduced by deductible sources of income and any earnings you have while disabled. Deductible sources of income may include such items as disability income or other amounts you receive or are entitled to receive under: workers compensation or similar occupational benefit laws; state compulsory benefit laws; automobile liability and no fault insurance; legal judgments and settlements; certain retirement plans; salary continuation or sick leave plans; other group or association disability programs or insurance; and amounts you or your family receive or are entitled to receive from Social Security or similar governmental programs.

Definition of Disability – You are disabled when Unum determines that:

- You are limited from performing the material and substantial duties of your regular occupation; and
- you have a 20% or more loss in indexed monthly earnings due to the same sickness or injury.
- After benefits have been paid for 24 months, you are disabled when Unum determines that due to the same sickness or injury, you are unable to perform the duties of any gainful occupation for which you are reasonably fitted by education, training or experience.

You must be under the regular care of a physician in order to be considered disabled.

Elimination Period – The Elimination Period is the length of time of continuous disability which must be satisfied before you are eligible to receive benefits. LTD benefits would begin after 90 days of disability, if you are disabled, as described in the definition above.

During your elimination period you will be considered disabled if you are limited from performing the material and substantial duties of your regular occupation due to your sickness or injury, and you are under the regular care of a physician. You are not required to have a 20% or more earnings loss to be considered disabled during the elimination period due to the same sickness or injury.

Long Term Disability

Benefits	
Benefit Percentage	60%
Benefit Minimum(Monthly)	\$200
Benefit Maximum(Monthly)	\$5,000
Elimination Period	90 days
Own Occupation Period	2 Years
Benefits Duration	SSNRA
Pre-Existing Condition Limit	3/12

Rate per \$100 of Covered Benefit	
Age	Rate
<25	\$0.21
25-29	\$0.38
30-34	\$0.71
35-39	\$0.98
40-44	\$1.47
45-49	\$1.92
50-54	\$2.30
55-59	\$2.70
60-64	\$2.85
65-69	\$2.27
70+	\$1.82

Long Term Disability Rates

Sample Benefit Selection	Polk County Select Voluntary LTD										
	Cost per Month										
	< 25	25 - 29	30 -34	35 - 39	40 - 44	45 - 49	50 - 54	55 - 59	60 - 64	65 - 69	70+
\$200	\$0.42	\$0.76	\$1.42	\$1.96	\$2.94	\$3.84	\$4.60	\$5.40	\$5.70	\$4.54	\$3.64
\$300	\$0.63	\$1.14	\$2.13	\$2.94	\$4.41	\$5.76	\$6.90	\$8.10	\$8.55	\$6.81	\$5.46
\$400	\$0.84	\$1.52	\$2.84	\$3.92	\$5.88	\$7.68	\$9.20	\$10.80	\$11.40	\$9.08	\$7.28
\$500	\$1.05	\$1.90	\$3.55	\$4.90	\$7.35	\$9.60	\$11.50	\$13.50	\$14.25	\$11.35	\$9.10
\$600	\$1.26	\$2.28	\$4.26	\$5.88	\$8.82	\$11.52	\$13.80	\$16.20	\$17.10	\$13.62	\$10.92
\$700	\$1.47	\$2.66	\$4.97	\$6.86	\$10.29	\$13.44	\$16.10	\$18.90	\$19.95	\$15.89	\$12.74
\$800	\$1.68	\$3.04	\$5.68	\$7.84	\$11.76	\$15.36	\$18.40	\$21.60	\$22.80	\$18.16	\$14.56
\$900	\$1.89	\$3.42	\$6.39	\$8.82	\$13.23	\$17.28	\$20.70	\$24.30	\$25.65	\$20.43	\$16.38
\$1,000	\$2.10	\$3.80	\$7.10	\$9.80	\$14.70	\$19.20	\$23.00	\$27.00	\$28.50	\$22.70	\$18.20
\$1,100	\$2.31	\$4.18	\$7.81	\$10.78	\$16.17	\$21.12	\$25.30	\$29.70	\$31.35	\$24.97	\$20.02
\$1,200	\$2.52	\$4.56	\$8.52	\$11.76	\$17.64	\$23.04	\$27.60	\$32.40	\$34.20	\$27.24	\$21.84
\$1,300	\$2.73	\$4.94	\$9.23	\$12.74	\$19.11	\$24.96	\$29.90	\$35.10	\$37.05	\$29.51	\$23.66
\$1,400	\$2.94	\$5.32	\$9.94	\$13.72	\$20.58	\$26.88	\$32.20	\$37.80	\$39.90	\$31.78	\$25.48
\$1,500	\$3.15	\$5.70	\$10.65	\$14.70	\$22.05	\$28.80	\$34.50	\$40.50	\$42.75	\$34.05	\$27.30
\$1,600	\$3.36	\$6.08	\$11.36	\$15.68	\$23.52	\$30.72	\$36.80	\$43.20	\$45.60	\$36.32	\$29.12
\$1,700	\$3.57	\$6.46	\$12.07	\$16.66	\$24.99	\$32.64	\$39.10	\$45.90	\$48.45	\$38.59	\$30.94
\$1,800	\$3.78	\$6.84	\$12.78	\$17.64	\$26.46	\$34.56	\$41.40	\$48.60	\$51.30	\$40.86	\$32.76
\$1,900	\$3.99	\$7.22	\$13.49	\$18.62	\$27.93	\$36.48	\$43.70	\$51.30	\$54.15	\$43.13	\$34.58
\$2,000	\$4.20	\$7.60	\$14.20	\$19.60	\$29.40	\$38.40	\$46.00	\$54.00	\$57.00	\$45.40	\$36.40
\$2,100	\$4.41	\$7.98	\$14.91	\$20.58	\$30.87	\$40.32	\$48.30	\$56.70	\$59.85	\$47.67	\$38.22
\$2,200	\$4.62	\$8.36	\$15.62	\$21.56	\$32.34	\$42.24	\$50.60	\$59.40	\$62.70	\$49.94	\$40.04
\$2,300	\$4.83	\$8.74	\$16.33	\$22.54	\$33.81	\$44.16	\$52.90	\$62.10	\$65.55	\$52.21	\$41.86
\$2,400	\$5.04	\$9.12	\$17.04	\$23.52	\$35.28	\$46.08	\$55.20	\$64.80	\$68.40	\$54.48	\$43.68
\$2,500	\$5.25	\$9.50	\$17.75	\$24.50	\$36.75	\$48.00	\$57.50	\$67.50	\$71.25	\$56.75	\$45.50
\$2,600	\$5.46	\$9.88	\$18.46	\$25.48	\$38.22	\$49.92	\$59.80	\$70.20	\$74.10	\$59.02	\$47.32
\$2,700	\$5.67	\$10.26	\$19.17	\$26.46	\$39.69	\$51.84	\$62.10	\$72.90	\$76.95	\$61.29	\$49.14
\$2,800	\$5.88	\$10.64	\$19.88	\$27.44	\$41.16	\$53.76	\$64.40	\$75.60	\$79.80	\$63.56	\$50.96
\$2,900	\$6.09	\$11.02	\$20.59	\$28.42	\$42.63	\$55.68	\$66.70	\$78.30	\$82.65	\$65.83	\$52.78
\$3,000	\$6.30	\$11.40	\$21.30	\$29.40	\$44.10	\$57.60	\$69.00	\$81.00	\$85.50	\$68.10	\$54.60
\$3,100	\$6.51	\$11.78	\$22.01	\$30.38	\$45.57	\$59.52	\$71.30	\$83.70	\$88.35	\$70.37	\$56.42
\$3,200	\$6.72	\$12.16	\$22.72	\$31.36	\$47.04	\$61.44	\$73.60	\$86.40	\$91.20	\$72.64	\$58.24
\$3,300	\$6.93	\$12.54	\$23.43	\$32.34	\$48.51	\$63.36	\$75.90	\$89.10	\$94.05	\$74.91	\$60.06
\$3,400	\$7.14	\$12.92	\$24.14	\$33.32	\$49.98	\$65.28	\$78.20	\$91.80	\$96.90	\$77.18	\$61.88
\$3,500	\$7.35	\$13.30	\$24.85	\$34.30	\$51.45	\$67.20	\$80.50	\$94.50	\$99.75	\$79.45	\$63.70
\$3,600	\$7.56	\$13.68	\$25.56	\$35.28	\$52.92	\$69.12	\$82.80	\$97.20	\$102.60	\$81.72	\$65.52
\$3,700	\$7.77	\$14.06	\$26.27	\$36.26	\$54.39	\$71.04	\$85.10	\$99.90	\$105.45	\$83.99	\$67.34
\$3,800	\$7.98	\$14.44	\$26.98	\$37.24	\$55.86	\$72.96	\$87.40	\$102.60	\$108.30	\$86.26	\$69.16
\$3,900	\$8.19	\$14.82	\$27.69	\$38.22	\$57.33	\$74.88	\$89.70	\$105.30	\$111.15	\$88.53	\$70.98
\$4,000	\$8.40	\$15.20	\$28.40	\$39.20	\$58.80	\$76.80	\$92.00	\$108.00	\$114.00	\$90.80	\$72.80
\$4,100	\$8.61	\$15.58	\$29.11	\$40.18	\$60.27	\$78.72	\$94.30	\$110.70	\$116.85	\$93.07	\$74.62
\$4,200	\$8.82	\$15.96	\$29.82	\$41.16	\$61.74	\$80.64	\$96.60	\$113.40	\$119.70	\$95.34	\$76.44
\$4,300	\$9.03	\$16.34	\$30.53	\$42.14	\$63.21	\$82.56	\$98.90	\$116.10	\$122.55	\$97.61	\$78.26
\$4,400	\$9.24	\$16.72	\$31.24	\$43.12	\$64.68	\$84.48	\$101.20	\$118.80	\$125.40	\$99.88	\$80.08
\$4,500	\$9.45	\$17.10	\$31.95	\$44.10	\$66.15	\$86.40	\$103.50	\$121.50	\$128.25	\$102.15	\$81.90
\$4,600	\$9.66	\$17.48	\$32.66	\$45.08	\$67.62	\$88.32	\$105.80	\$124.20	\$131.10	\$104.42	\$83.72
\$4,700	\$9.87	\$17.86	\$33.37	\$46.06	\$69.09	\$90.24	\$108.10	\$126.90	\$133.95	\$106.69	\$85.54
\$4,800	\$10.08	\$18.24	\$34.08	\$47.04	\$70.56	\$92.16	\$110.40	\$129.60	\$136.80	\$108.96	\$87.36
\$5,000	\$10.50	\$19.00	\$35.50	\$49.00	\$73.50	\$96.00	\$115.00	\$135.00	\$142.50	\$113.50	\$91.00

Benefit Duration – Your duration of benefits is based on your age when the disability occurs. Your LTD benefits are payable for the period during which you continue to meet the definition of disability up to the Social Security Normal Retirement Age. If your disability occurs at or after age 62, benefits would be paid for a reduced period of time.

Pre-Existing Condition Exclusion – You have a pre-existing condition if:

- you received medical treatment, consultation, care or services including diagnostic measures, or took prescribed drugs or medicines in the 3 months just prior to your effective date of coverage or an increase in your coverage amount; and
- the disability begins in the first 12 months after your effective date of coverage or after your coverage increased.

Flexible Spending Accounts

This benefit is provided through TASC.

Advantages of a Flexible Spending Account (FSA) – A valuable pre-tax benefit with innovative services!

FlexSystem FSA increases your take-home pay by reducing your taxable income. A Flexible Spending Account (FSA) allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year by using pre-tax dollars.

Consider how much you spend on healthcare and/or dependent care expenses for you and your qualified dependents in one year:

- prescription drugs/medications;
- vaccinations;
- medical/dental office visit co-pays;
- eye exams and prescription glasses/lenses; or
- daycare tuition.

Why not reduce these expenses by using pre-tax dollars instead of after-tax dollars? With rising healthcare costs, **every penny counts!** By using pre-tax dollars, you are taxed on a lower gross salary, thereby saving money that would otherwise be spent on federal, state and FICA taxes, and thereby you **increase your take home pay!**

Employee salary reductions to a medical Flexible Spending Account (FSA) are limited to **\$2,400** per Plan Year, indexed for inflation. Check with your employer for your Plan's maximum annual election amount.

Putting money in an FSA is smart and safe! If you have medical FSA funds leftover at the end of the Plan Year and your employer has elected Carryover, you may carryover up to **\$500** to the next plan year with no cost or penalty.

If you are currently enrolled in FSA for 2021 and do not participate in FSA for 2022, you will have 1 year to use any rollover funds in your account.

How FlexSystem Works

FlexSystem FSA is offered through your employer and is administered by TASC. When you choose to enroll in a FlexSystem FSA Healthcare and/or Dependent Care, you choose the dollar amount you want to contribute to each account based on your estimated expenses for the upcoming Plan Year. Your contributions will be deducted in equal amounts from each paycheck, **pre-tax**, throughout the Plan Year. **The more you contribute to these accounts, the more you save by paying less in taxes!**

Your total Healthcare FSA annual contribution amount is available immediately at the start of the Plan Year; Dependent Care FSA funds are available up to the current account balance only.

Pre-Tax Savings Example

	Without FSA	With FSA
Gross Monthly Pay:	\$3,500	\$3,500
<u>Pre-Tax Contributions</u>		
Medical/Dental Premiums	\$0	-\$125
Medical Expenses	\$0	-\$75
Dependent Care Expenses	\$0	-\$400
TOTAL:	\$0	-\$600
Taxable Monthly Income	\$3,500	\$2,900
Taxes (federal, state, FICA):	-\$968	-\$802
Out-of-pocket Expenses:	-\$600	\$0
Monthly Take-home Pay:	\$1,932	\$2,098
Net Increase in Take-Home Pay = \$166/mo!		
For illustration only. Actual dollar amounts may vary.		

Flexible Spending Account

Reimbursements and the TASC Card

As you incur eligible expenses, simply swipe your TASC Card. The card automatically pays for and substantiates most eligible expenses at the point of purchase. If you do not use the TASC Card to pay for an eligible expense, simply submit a request for reimbursement via the MyTASC Mobile App, online Request for Reimbursement form in MyTASC, text message, fax, or mail.

Your reimbursement is deposited in your MyCash account. You can access your MyCash funds in three ways: (1) swipe your TASC Card at any merchant that accepts major credit cards, (2) withdraw at an ATM using your TASC Card (with PIN), or (3) transfer to a personal bank account from MyTASC.

The Flexible Spending Account is provided through TASC/FlexSystem. This plan offers you a choice to contribute pre-tax dollars to pay for certain qualified benefits.

You will be able to roll over up to \$500 of unused funds in your Healthcare Reimbursement FSA account to be used for the next plan year. However, it is still important to be conservative in making elections because any unused funds over the \$500 threshold left in your FSA at the close of the plan year are not refundable to you. **If you are currently enrolled in FSA for 2020 and do not participate in FSA for 2021, you will have 1 year to use any rollover funds in your account.**

You must make a new election for the FSA plan every year. Your current election will not roll-over.

Maximum Annual Contribution

Please see the annual maximum contribution you may be eligible to elect under the Flexible Spending Account.

Healthcare Reimbursement: \$2,400

Dependent DayCare:

Filing Single: \$2,500

Filing Joint: \$5,000

*Annual Minimum contribution is \$50 annually for both plans.

*If you are enrolled in a



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www.tasconline.com
FX-4245-090514

Telemedicine

The NFP Advantage benefit program is offered through NewBenefits. This is a discount program offering significant savings from thousands of providers across the nation. All of the benefits include the employee and his/her immediate family. The membership is simple to use. Employees can search for providers on MyMemberPortal.com.

Package	Benefits
NFP Advantage	<ul style="list-style-type: none"> • Teladoc • Medical Bill Saver • Nurseline • Doctors Online • Pharmacy
NFP Advantage Plus	<ul style="list-style-type: none"> • Teladoc • Medical Bill Saver • Nurseline • Doctors Online • Vision • Pharmacy • Lab Testing • MRI & CT Scans • Pet Care
NFP Premier	<ul style="list-style-type: none"> • Teladoc • Medical Bill Saver • Nurseline • Doctors Online • Vision • Pharmacy • Lab Testing • MRI & CT Scans • Hearing Aids • Pet Care • Legal Care Direct • ID Sanctuary Enhanced

Package	Monthly Cost
NFP Advantage	\$8.93
NFP Advantage Plus	\$12.23
NFP Premier	\$18.96

BENEFIT DETAILS

Teladoc

73% of Americans have trouble receiving timely medical care without having to visit the emergency room. Save time and money with 24/7 access to a doctor by phone or online video consult – anytime, anywhere in the U.S. with no copay. Doctors offer diagnosis, treatment options and prescription if necessary. By using Teladoc instead of going to an urgent care clinic or ER, employees cut unnecessary out-of-pocket costs and time wasted in crowded waiting rooms.

Medical Bill Saver

Individuals are responsible for more out-of-pocket medical and dental costs than ever before. Medical Bill Saver provides skilled negotiators who will attempt to negotiate discounts for your employees, no matter their benefit status. Negotiators can lead to a reduction in their out-of-pocket costs.

Nurseline

Employees have a place to turn to for trusted advice and information when they need it most. Rest assured – highly trained registered nurses are on-call 24/7 to answer questions.

Doctors Online

Employees have access to a team of medical professionals by email or smartphone app. Doctors Online gives employees a trustworthy place to get their healthcare questions answered through a secure website 24/7. It's the fast, easy way for employees to get health information from a resource they can trust.

Vision

Our eyes are the windows to our health. Now employees and their family members can see better savings at over 20,000 vision providers nationwide including chains and local retailers. Employees save 10% to 60% on glasses, contacts, laser surgery, exams and even designer eyewear.



Pharmacy

Our members save 10% to 85% on most prescriptions, reducing their out-of-pocket costs by over \$94 million in 2013.

Pet Care

62% of American households have at least one pet. Your employees can keep their pets happy and healthy with discounts on everything from toys and treats to grooming and eats. They can save on boarding, doggie daycare, training, veterinary services and more.

Lab Testing

Help your employees monitor their health with 10% to 80% off typical costs of routine lab work. Employees can choose from over 1,500 participating locations nationwide and order online or by phone. Confidential results are available online in as little as 24 hours for most tests.

MRI & CT Scans

A better image leads to a better diagnosis, better treatment, and a better recovery. Your employees save 50% to 75% on usual charges for MRI, CR Scans and Ultrasounds at thousands of credentialed radiology centers nationwide.

Hearing Aids

55% of seniors cite cost as a reason for not using hearing aids. Your employees receive a free initial screening and save 35% at retail locations nationwide.

Legal Care Direct

With a national average hourly rate of \$381, contacting an attorney may seem out of reach. Give employees access to free and discounted rates on services from experienced lawyers. Attorneys help with traffic tickets, bankruptcy, divorce, spousal and child support. Additional services are also available at no cost.

ID Sanctuary Enhanced-Family

Keep employees one step ahead of identity theft. If they are online, have a bank account or use a credit card, personal information can be stolen at any time. ID Sanctuary provides the proactive tools and recovery assistance your employees need to quickly respond to an identity or fraud crisis.



Whole Life Insurance

This benefit is provided by UNUM.

Get Lifetime coverage and useful cash benefits, too.

Whole Life Insurance provides much more than a death benefit—it also offers valuable “living benefits” that you can use during times of need. And you can keep your Whole Life coverage after you retire, making it an essential complement to Term Life.

Whole Life: Benefits for a lifetime

What is Whole Life?

- Whole Life offers “living benefits” you can use when you need them, as well as a death benefit.

What features are available?

- Cash Value. This policy accumulates cash value. You can borrow funds from this value as needed.
- Living Benefit option rider. If you are diagnosed with a terminal illness, you can request up to 100% of your policy’s benefit amount and use it for any purpose.
- Long term care benefits. Your policy may include a long term care rider – see your plan administrator.

How does it work?

- Your premiums are level for life. Premiums will be conveniently deducted from your paycheck.
- Your death benefit is level, too. The benefit does not decrease with age.
- You own the policy. You can keep the policy if you leave or retire. You’ll pay the same premium.

Three reasons to buy Whole Life at work — now!

- Whole Life rates. The rates available through your employer are typically more affordable than those available elsewhere.
- Age-based premiums. Premiums are based on your age when you purchase, and don’t increase as you get older. So the earlier you buy, the lower your premium will be for the life of your policy.
- Guaranteed Issue. Generally available during the initial enrollment at your workplace. When it’s offered you, you can purchase coverage up to a set amount without medical exams or health questions. If you don’t purchase the maximum amount, you have the option to increase it up to that level during future enrollments-no questions asked!

Premium Payment Options

You may have two options for paying premiums:

- “Lifetime premium.” Coverage continues as long as you pay your premiums
- “Paid-up at 70”. Available when purchased between the ages of 15 and 50. Adjusts the premium so that the policy is fully paid up when you turn 70.

Whole Life Insurance

Sample rates based on \$13 payroll amount (Non-Tobacco)

Issue Age	Lifetime Premium		Paid up to 70	
	Face Value	Cash value at Age 65	Face Value	Cash value at Age 65
25	\$35,821	\$14,098	\$30,528	\$13,427
35	\$23,301	\$8,249	\$19,331	\$8,171
45	\$13,898	\$3,969	\$10,773	\$4,187

Who can have it?	What's the benefit amount?	How long can they keep it?
Individual employee coverage Ages 15-80	Minimum policy amount of \$2,000. Actual benefit amount based on coverage amount chosen and age at issue	You can keep it as long as you want it. If you leave your employer, you would be billed directly at home.
Individual spouse coverage Age 15-80	Minimum policy amount \$2,000. Actual benefit amount based on coverage amount chosen and age at issue.	If you leave your employer, you can keep your spouse's policy and be billed directly at home.
Spouse Term Life Benefit Spouse age 15-60. The employee must purchase coverage to add this spouse Term Life benefit. This benefit is not available if you purchase individual coverage for your spouse.	\$5,000 to \$25,000-coverage cannot exceed the employee base coverage amount	Coverage last for 20 years.
Individual child coverage. No employee or spouse purchase needed. Available to eligible children, stepchildren, legally adopted children, and grandchildren (14 days until their 25 th birthday) of the primary insured adult.	Up to \$50,000-benefit amounts are based on issue age and premium selected.	Your children can keep it, even if you leave your employer. You would be billed directly at home.
Child Term Life Benefit With purchase of employee or spouse policy, available to eligible children, legally adopted children and grandchildren (14 days until their 25 th birthday) of the primary insured adult.	\$1,000 to \$10,000 –one rider covers all children	Coverage ends when your policy ends or when children turns 25. At that time, children are guaranteed the right to buy an individual Whole Life policy at 5 times the amount their rider.

If you weather a serious disability, could your finances ride out the storm?

Unum's Long Term Care(LTC) Rider can help you protect your savings.

Protecting long term plans.

Thanks to modern medicine, people are now living longer and surviving very serious health problems. But that can mean long term treatment in a nursing home or assisted living facility. And the same care that saves your life can devastate your savings.

You may be surprised to learn that this care isn't covered by health or other insurance policies. Or that waiting for "later" to buy a long term care policy may make things worse. In fact, the younger you are, the less expensive this coverage is.

By adding a Long Term Care Rider to your Life Insurance policy you can help protect your savings from being drained by this expensive care. Most importantly, this coverage allows you to use the benefit whether you receive care at home, or in a long-term care facility, an assisted living facility, an adult day care, or a nursing home.

The illustration is based on an insured who has a \$25,000 Life Insurance policy.

Base Rider-Employer-Selected

LTC pays 6% monthly benefit for either LTC facility benefit or assisted living facility benefit. Payments reduce the death benefit until exhausted (approximately 16 months) – \$1,500 per month.

Restoration Benefits Rider-Employee Selected

This rider restores 100% of the policy's specified amount(face amount), death benefit and cash value. A \$25,000 death benefit.

Here are the advantages of our Long Term Care Rider:

- Available at initial offering to employee and spouses age 15 to 70. All newly eligible adult policies will automatically receive the Long Term Care Rider.
- Available with policy's specified amount(face amount) of at least \$10,000.
- For long term care facility, nursing home care or assisted living facility, provides a maximum monthly benefit that is the lesser of:
 - 6% of the death benefit, less any policy debt at the end of the waiting period, or
 - \$3,000
- For home health care or adult day care, provides a maximum monthly benefit that is the lesser of:
 - 4% of the death benefit, less any policy debt at the end of the waiting period;
 - your actual monthly expenses; or
 - \$1,500

Critical Illness with Cancer Rider with Wellness benefit

This benefit is provided through UNUM.

Could your bank account survive a serious illness? Get protected with group Critical Illness Insurance from UNUM.

Key Advantage-You can use this coverage more than once. If you receive a full benefit payout for a covered illness, your coverage can be continued for the remaining covered conditions. The diagnosis of a new covered illness must occur at least 90 days after the most recent diagnosis and be medically unrelated. Each condition is payable once per lifetime.

Three reasons to buy this coverage at work:

- You get affordable rates when you buy this coverage through your employer, and the premiums are conveniently deducted from your paycheck.
- Coverage is portable. You may take the coverage with you if you leave the company or retire without having to answer new health questions. Unum will bill you directly.
- Coverage becomes effective on the first day of the month in which payroll deductions begin.

How can Critical Illness Insurance help?

Critical Illness Insurance can pay a lump-sum benefit at the diagnosis of a covered illness. You choose the level of coverage - from \$5,000 to \$30,000 - and you can use the money any way you see fit.

Covered Conditions	
Heart Attack	Blindness
Major Organ Failure	End-Stage Renal (kidney) failure
Occupational HIV	Major Coronary Artery Disease pays 50% of lump-sum benefit
Benign Brain Tumor	
Covered conditions with time limitations	
Stroke	Evidence of persistent neurological deficits confirmed by a neurologist at least 30 days after the event
Coma	Coma resulting from severe traumatic brain injury lasting for a period of 14 or more consecutive days.
Permanent paralysis	Complete and permanent lost of the use of two or more limbs for a continuous 90 days as a result of a covered accident
Optional Cancer Conditions	
Cancer	Carcinoma in situ pays 25% of lump-sum benefit

Critical Illness

Wellness Benefit

This benefit an amount per calendar year per insured individual if a covered health screening test is performed, including:

- Blood Test
- Stress Tests
- Colonoscopies
- Chest X-rays
- Mammograms
- Cholesterol and Diabetes Screenings

The wellness benefit amount depends on the amount of critical illness coverage elected: \$50 if electing \$10,000, \$75 if electing \$20,000, and \$100 if electing \$30,000.

A full list of covered tests will be provided in your certificate.

Who can have it?	Benefit
Employees who are actively at work	\$10,000, \$20,000, \$30,000
Dependent children newborn until their 26 th birthday, regardless of marital or student status. All eligible children are automatically covered at 50% of the employee benefit amount(no additional cost)	Eligible children are covered for the same conditions as employee and the following specific childhood conditions: cerebral palsy, cleft lip or palate, cystic fibrosis, Down syndrome and spina bifida. Diagnosis must occur after the child's coverage effective date
Spouse ages 17 through 64 with purchase of employee coverage	Up to 50% of Employee Amount

Diagnosis must occur at least 30 days after the coverage effective date to be eligible for benefits.

25% of elected amount is available to employees that are hospitalized for 14 consecutive days due to infectious disease (COVID is classified as an infectious disease)



Critical Illness Rates

Critical Illness Monthly Cost, \$50 Wellness Benefit				
Issue Age	Employee (\$10,000)		Spouse (\$5,000)	
	Non-tobacco use	Tobacco use	Non-tobacco use	Tobacco use
Less than age 25	\$3.54	\$3.54	\$2.69	\$2.69
25-29	\$4.34	\$4.94	\$3.09	\$3.39
30-34	\$5.24	\$6.24	\$3.54	\$4.04
35-39	\$6.94	\$8.94	\$4.39	\$5.39
40-44	\$8.94	\$11.74	\$5.39	\$6.79
45-49	\$11.44	\$16.54	\$6.64	\$9.19
50-54	\$14.34	\$21.44	\$8.09	\$11.64
55-59	\$19.14	\$29.74	\$10.49	\$15.79
60-64	\$26.54	\$41.44	\$14.19	\$21.64
65-69	\$38.64	\$54.04	\$20.24	\$27.94
70 -74	\$60.24	\$79.24	\$31.04	\$40.54
75-79	89.14	109.74	\$45.49	\$55.79

The Wellness Benefit is \$50 if electing \$10,000 in Critical Illness, \$75 if electing \$20,000, and \$100 if electing \$30,000.

Wellness	Monthly Cost		
	Wellness Amount	Employee and Children	Spouse
	\$50	\$1.84	\$1.84
	\$75	\$3.68	\$3.68
	\$100	\$5.52	\$5.52

Accident Plan

Unum's coverage provides a lump-sum benefit based on the type of injury (or covered incident) you sustain or the type of treatment you need.

Covered injuries	Benefit Amount	Covered injuries	Benefit Amount
Fractures	Up to \$9,000	Dental work, emergency (Extraction)	\$115
Fractures (Chips)	25% of fracture amount	Dental work, emergency (Crown)	\$350
Dislocations (Open)	Up to \$6,750	Eye injury (requires surgery or removal of foreign body)	\$300
Dislocations (Incomplete)	25% of amount	Emergency and hospital benefits	Benefit Amount
Burns Second degree for 20%+ of skin surface	\$1,000	Ambulance	\$400
Third degree covering at least 5% but less than 20% of skin surface	\$5,000	Air Ambulance	\$1,500
Third degree for 20% or greater of skin surface	\$10,000	Emergency room treatment	\$250
Skin grafts	50% of burn benefit	Hospital admission (per admission)	\$1,500
Concussion	\$200	Hospital confinement (per day up to 365 days)	\$200
Ruptured disc w/surgical repair	Up to \$1,000	Hospital intensive care unit	\$300
Knee cartilage (torn)	\$750	Treatment and other services	Benefit Amount
Knee cartilage (exploratory)	\$150	Doctor's office initial visit	\$100
Laceration	\$50-\$600	Surgery benefit (Open abdominal, thoracic)	\$1,500
Tendon/ligament and rotator cuff (Repair of one)	\$800	Surgery benefit (exploratory)	\$150
Tendon/ligament and rotator cuff (Repair of more than one)	Up to \$1,200	Follow-up treatment for accident (initial follow-up visit)	\$100
Tendon/ligament and rotator cuff (Exploratory only)	\$100	Physical therapy (15 treatments)	\$20 per treatment
		Prosthetic device or artificial limb (one)	\$750
		Prosthetic device or artificial limb (more than One)	\$1,500
		Appliance	\$100
		Blood, plasma and platelets	\$400
		Transportation (up to 3 round trips over 50 miles)	\$100
		Lodging(per night up to 30 days)	\$150

Accident Plan

Accidental death and other covered losses	Benefit Amount
Accidental Death(Employee)	\$50,000
Accidental Death(Spouse)	\$25,000
Accidental Death(Child)	\$12,500
Catastrophic Accident - loss of use of sight, hearing, speech, arms or legs - Employee(under 65 years old)	\$50,000
Catastrophic Accident - loss of use of sight, hearing, speech, arms or legs - Spouse or child(under 65 years old)	\$50,000
Catastrophic Accident - loss of use of sight, hearing, speech, arms or legs - Age 65-69	Amount reduced by 50%
Catastrophic Accident - loss of use of sight, hearing, speech, arms or legs - 70+ years old	Amount reduced by 75%
Loss of both hands, feet, sight of both eyes or any combination of two or more losses	\$50,000
Loss of one hand, foot or sight in one eye	\$25,000
Loss of thumb and index finger of the same hand	\$12,500

Family Coverage Options			
Individual	Individual and spouse	Employee+Child(ren)	Family
\$11.93	\$20.34	\$26.49	\$34.90

Five reasons to buy this coverage at work. No health questions to answer. If you apply, you automatically receive the base plan.

- You own the policy so you can keep it even if you leave the company or retire. Unum will bill you directly for the same premium amount
- Coverage becomes effective on the first day of the month on which payroll deductions begin
- Your base coverage is guaranteed renewable for life

Hospital Indemnity

Even a small trip to the hospital can have a major impact on your finances.

Here's a way to help make your visit a little more affordable.

The plan that can help with expenses and protect your savings.

Does your major medical insurance cover all of your bills?

Even a minor trip to the hospital can present you with unexpected expenses and medical bills. And even with major medical insurance, your plan may only pay a portion of your entire stay.

Covered Benefit	Benefit Amount
Hospital Admission Benefit (per confinement) –once per covered sickness or accident per calendar year for each insured	\$1,000
Hospital Confinement (per day) – payable per day up to 365 days	\$200
ICU Confinement (per day) – payable per day up to 30 days	\$200

Family Coverage Options			
Individual	Individual and spouse	Employee+Child(ren)	Family
\$24.82	\$45.50	\$35.09	\$55.77

Exclusions and Limitations:

- **Childbirth Limitation** - Will not pay benefits due to Childbirth within the first 9 months after the Insured effective date



Disclosure Notices

Unless otherwise noted, a paper copy of these notices is available, free of charge, by calling NFP at 800-994-7429.

NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS:

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contribution toward the other coverage). In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself or your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

SECTION 125 PRE-TAX BENEFIT AUTHORIZATION NOTICE:

Before-tax deductions will lower the amount of income reported to the federal government. This may result in slightly reduced Social Security benefits. If you do not enroll eligible dependents at this time, you may not enroll them until the next open enrollment period. You may not drop the coverage you elected until the next open enrollment period. You may only make a change or drop coverage elections before the next open enrollment period under the following circumstances:

A change in marital status, or

A change in the number of dependents due to birth, adoption, placement for adoption or death of a dependent, or

A change in employment status for myself or my spouse, or

Open enrollment elections for my spouse, or

A change in dependents eligibility, or

A change in residence or worksite.

Any change being made must be appropriate and consistent with the event and must be made within 30 days of when the event occurred. All changes are subject to approval by your Employer/Plan.

NOTICE OF PRIVACY PRACTICES FOR PROTECTED HEALTH INFORMATION: This Notice describes how the Plan(s) may use and disclose your protected health information ("PHI") and how you can get access to your information. The privacy of your protected health information that is created, received, used or disclosed by the Plan(s) is protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"). This Notice is available on the web at: www.polkschooldistrict.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their dependents covered under the group health plan."

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS: On April 7, 1986, a federal law was enacted (Public Law 99272, Title X) requiring that most employers sponsoring group health plans offer employees and their families the opportunity for a temporary extension of health coverage (called "continuation coverage") at group rates in certain instances where coverage under the plan would otherwise end. If you or your eligible dependents enroll in the group health benefits available through your Employer you may have access to COBRA continuation coverage under certain circumstances. Therefore, your plan makes available to you and your dependents the General Notice Of COBRA Continuation Coverage Rights. This notice contains important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it. The full Notice is available on the web at: www.polkschooldistrict.bswift.com. A paper copy is also available, free of charge, by calling your Employer or NFP at 800-994-7429. Please note the participant is responsible for providing a copy to their spouse/dependents covered under the group health plan.

Contact Information – Plan / Group Number

Plan	Administrator	Website	Phone Number
Benefit / Enrollment Questions	NFP	NFPseCustomerService@nfp.com	(800) 994-7429
HR/Payroll	Main Number		(770) 748-3821
Dental - 05947128	MetLife	www.metlife.com	(800) 275-4638
Vision - 36604	Superior Vision	www.superiorvision.com	(800) 507-3800
Life and Disability Basic Life - 226711 Vol Life – 226712 LTD – 412107 STD - 412108	UNUM	www.unum.com	(866) 679-3054
Flexible Spending Account 4702-5116-0564	TASC	www.tasconline.com	(800) 422-4661
Whole Life and LTC R0296541	UNUM	www.unum.com	(800) 635-5597
Group Critical Illness with Cancer R0296541	UNUM	www.unum.com	(800) 635-5597
Group Accident - R0296541	UNUM	www.unum.com	(800) 635-5597
Telemedicine - NFP319	NewBenefits	www.mymemberportal.com	(800) 800-7616

